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AUGUST 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Ohio

TRANSFER OF RESOURCES

1902(f) and 1917  
of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 1613(c) of the Social Security Act (Act).

1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.

a.    The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds \$12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

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b. ☐ The period of ineligibility is less than 24 months, as specified below:

c. ☒ The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

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2. Transfer of the home of an individual who is an inpatient in a medical institution.

   A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).

- a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

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- b. 1 Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

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No individual is ineligible by reason of item A.2  
if--

- (i) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- (ii) Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;
- (iii) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or
- (iv) The agency determines that denial of eligibility would work an undue hardship.

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3. 1902(f) States

/X/ Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:

See pages 6a, 6b, and 6c to Supplement 9 to Attachment 2.6-A.

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is \$12,000 or less:

2. If the uncompensated value of the transfer is more than \$12,000:

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Individuals who have been determined to have made an improper transfer of resources on or prior to December 31, 1989, shall have their resources determined according to the following:

An individual/recipient who transfers his legal interest in real or personal property during the two years prior to applicant/recipient redetermination is ineligible for assistance only when a presumption of improper transfer exists because the transfer brings his holdings within the resource limitation, safeguards his future eligibility, or constitutes a transfer of income-producing real property and when the presumption is un rebutted. The applicant/recipient meets the burden of rebutting the improper transfer by providing a full written accounting of the transfer which clearly shows that the property transfer was made for a purpose other than to qualify for Medicaid. The period of ineligibility due to an improper transfer of property begins the first day of the month subsequent to the month of transfer and continues either: for a period which would have supported the person and his dependents at a rate of \$324 a month for the person and an additional \$106 for each dependent until the difference between the fair market value and allowable resource limitation is reduced to zero. (If the individual is a nursing home resident, the period of ineligibility is determined by using the cost of care at a private pay rate). Or, until the property is reconveyed to the individual.

Individuals who have been determined to have made an improper transfer of resources on or after January 1, 1990, shall have their eligibility determined according to the following:

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An individual who transfers his legal interest in real or personal property during the 30 months prior to applying for or during receipt of Medicaid, is eligible for a period of restricted coverage only. The period of restricted Medicaid coverage is defined as the period of time that an individual is ineligible for long term care facility (LTCF) vendor payments and home and community-based services (HCBS). The individual is eligible for all other Medicaid covered services. This period of restricted coverage exists because the transfer brings the individual's holdings within the resource limitation, safeguards future eligibility, or constitutes a transfer of income-producing real property and when the presumption is unrebutted. The individual meets the burden of rebutting the improper transfer by providing a full written accounting of the transfer which clearly shows that the property transfer was made for a purpose other than to qualify for Medicaid.

The individual may also transfer homestead property, without losing any Medicaid coverage, to the following:

- the individual's spouse
- his child under the age of 21
- his child over the age of 21 who is blind or disabled
- his adult child who was residing in the home for at least two years immediately before the individual became institutionalized and provided care which delayed the institutionalization of the individual.
- his sibling who has an equity interest in the home and was residing in the home for at least one year immediately before the individual became institutionalized.

The individual may transfer resources, without any Medicaid coverage, to the following:

- his spouse
- his child who is blind or disabled

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The period of restricted coverage begins the first day of the month resources were transferred. The number of months in the restricted coverage period is equal to 30 months or less if a lesser period results when the total uncompensated value of the transferred resources is divided by the current average monthly private pay rate for a LTCF. The period of restricted coverage begins the first day of the month the resources were transferred and continues until the 30 month period ends or less if a lesser period is determined.

Individuals who have been determined to have made an improper transfer of resources on or after August 11, 1993, shall have their eligibility determined according to the following:

An institutionalized individual who transfers his legal interest in resources for less than fair market value during the 36 months (60 months for a trust) prior to applying for or during receipt of Medicaid, is eligible for a period of restricted Medicaid coverage only. The period of restricted Medicaid coverage is defined as the period of time that an individual is ineligible for nursing facility services, a level of care in any institution equivalent to that of nursing facility services, and home and community-based services (HCBS) provided under a waiver for individuals eligible for such services under Section 1915 (c) or (d) of the Act. The individual is eligible for all other Medicaid covered services. This period of restricted coverage exists because the transfer brings the individual's resources within the resource limitation, safeguards future eligibility, or constitutes a transfer of countable resources, and when the presumption is unrebutted. The individual meets the burden of rebutting the improper transfer by providing a full written accounting and verification of the transfer which clearly shows that the resource transfer was made for a purpose other than to qualify for Medicaid.

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The period of restricted coverage begins the first day of the month the resources were transferred and continues for a period that is equal to the number of months calculated by taking the total, cumulative uncompensated value of all assets transferred by the individual or spouse, divided by the average monthly cost to a private patient of nursing facility services at the time of application. No penalty period can begin while a previous penalty period is in effect.

Improper transfers of assets that occur on or after August 11, 1993 and prior to October 1, 1993 are subject to a 30 month maximum period of restricted coverage.

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3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):

4. Other procedures:

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